DRIVING A COMPANY VEHICLE

Permit Applicant Information: Last Name_____ First Name_____ Middle Initial____ Address______Unit No_____ City/State/Zip Phone Number_____ Drivers License Number_____ Applicant Signature______ Date___ I understand that by solely submitting this manual application I will not receive a replacement permit when it expires. Automatic renewal requires that I register online, connect to my account and request automatic renewals unless I have already done so. **Vehicle Owner/Leasee Information:** Company Name_____ City/State/Zip **Vehicle Information:** VIN______Plate No_____State____ In state vehicle: VA Personal Property Tax No. _______ (excludes government issued vehicle) Out of state: Fairfax County Personal Property Tax No.____ (excludes government issued vehicle) has possession of our company vehicle and has permission to obtain and use a Residential Parking Permit at their residential address above in Fairfax County, VA. I affirm that we are the legally registered owner or lessee of the vehicle listed above and that all information provided is correct and accurate to the best of my knowledge. I hereby grant authorization to the Department of Tax Administration to release registration information for this vehicle to the Department of Transportation for verification purposes.